MEDICAL EXAMINER.

NEW SERIES.

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An account of the Epidemic Influenza prevailing at Paris; known there under the name of "la Grippe." By F. Campbell Stewart, M. D.

Since the year 1830, Paris has been subject to the recurrence of an epidemic catarrh which has made its appearance at four several and distinct epochs, and the nature of which has varied with atmospheric changes, preserving, however, in all cases, a decided predilection for the mucous membranes, which are always the principal seat of the malady.

The term *Grippe* (from the French verb *agripper*,—to seize suddenly and violently, to clutch,) was applied to the disease about the close of the last century, previously to which time it had been known in France as le *tac*, le *horion*, la *dando*, &c. Its present French synonymes are, la *follette*, la *baraquette*, la *petite-poste*, le *petit-courrier*, &c. &c.

It would be inferred from the term by which it is most commonly designated, (Grippe,) that the invasion of the disease is very sudden. This is not generally the case, however, and though its early effects are prostrating and distressing in the extreme, it frequently requires three days for the disease to become fully developed.

The present epidemic, although more general, is by no means of so serious a nature as was that of 1837, the termination of which was frequently fatal, whereas, at present, it is productive of only a temporary, though often most serious indisposition. Its exciting cause is undoubtedly atmospheric vicissitudes, which have been frequent during the last month or six weeks, both as regards sudden changes of temperature, and transitions from dry to wet, with the prevalence, for the most part, of a cold, damp, westerly and south-westerly wind.

The approach of the disease is announced by a general debility and lassitude, with pain in the back and extremities, fulness of the head, loss of appetite, yawning, restlessness, anxiety, nervousness, and most of the prodromes of intermittent fever. On the second or third day there are fever and cephalalgia, with an aggravation of the other symptoms. The throat then becomes sore, the tonsils are swollen, and there is much irritation about the larynx and pharynx, extending in some instances to the trachea and bronchiæ, and occasioning a constant and irritating cough. The local inflammation is trifling, and its existence only known by a slight redness of the mucous membrane of the mouth and throat, and the little swelling and pain that usually accompany the disease. Generally speaking, the patient is not obliged to keep to his bed, but sometimes the distress is so great as to preclude the possibility of making the slightest exertion, or of retaining any other than the recumbent posture.

The duration of the disease, when left to itself, is usually from five to eight days, when it declines, and generally terminates in a free coryza.

The treatment may be for the most part expectant, and little is done by

the French physicians more than to prescribe one or two warm baths, and have them followed by demulcent tisanes.

In such cases, amongst our countrymen, as have come under my own care, I have generally succeeded in abridging the duration of the disease, and relieving the most distressing symptoms by simple means. Commencing with a Dover's powder, administered at the earliest period, I direct a small dose of the blue mass to be taken for two consecutive nights, and followed in the mornings after by a Seidlitz powder, or some simple saline laxation. Where there is much oppression, or the subject is of a full, plethoric habit, the loss of eight or twelve ounces of blood alone will frequently prove sufficient to arrest the progress of the complaint. As a general rule, however, venesection is contra-indicated.

Occasionally the irritation extends to the mucous membrane of the intestines, and instead of costiveness, which generally exists, we have a slight diarrhœa. This is easily checked, however, by combining a little opium with the blue mass. In these cases I give a pill of the following composition every three hours :—

℞ Mass. hydrarg.,	gr. xxiv.
Pulv. opii,	vi.
" scillæ,	xiii.

To be made into twelve pills.

From the foregoing account of the Influenza, or Grippe, of Paris, every practitioner will at once perceive that it differs but little from the severer forms of the spring and autumn catarrhs of our northern and eastern states. No treatment is absolutely required, and when recourse is had to medicines such only should be selected as are of the mildest and most simple kind.

This disease has now become so common, and of such frequent recurrence in Paris, that it should be considered as rather endemic to the place than as a casual epidemic. It rarely, however, becomes so general as it has been during the present season, when scarcely an individual has escaped its influence. No profession, age, nor sex has been spared, and whole families are ill with it at the same time.

As it is not a very serious malady, few of the poorer classes are willing to subject themselves to a hospital régime, and hence they rarely resort to these public institutions when they have nothing else to complain of. The hospitals, however, present hundreds of cases of it amongst the surgical and medical patients, who were inmates previously to the invasion of the epidemic, and who have not escaped its influence. So little do the medical men attached to the hospitals think of it, however, that they rarely suspend a course of treatment or postpone an operation on its account.

The term *Grippe*, as applied to the disease which at present afflicts the population of Paris, like many others admitted into the medical vocabulary, conveys no intimation whatever of the nature of the disease which it is intended to designate; it was appropriate to the epidemic of 1837, when persons were suddenly seized with the disease, frequently whilst walking, or riding, and reduced to such an instant state of prostration as to require the most powerful stimulant treatment; but the present catarrh differs widely from that of the period just named, and there is no reason for the application of so unsuitable a term, other than that it is of common and universal acceptation.

Paris, April, 1842.

Sketches of American Physicians.

THOMAS HARRIS, M. D.

Dr. Thomas Harris occupies a distinguished and well-earned professional position. With an extensive and lucrative general practice, he combines a high reputation as a surgeon, lecturer, and clinical instructer. He is besides one of the oldest of the medical officers in the naval service, and the "*otium cum dignitate*" which he now enjoys, is the reward of previous years of hardship and honourable exertion.

Dr. Harris was born in Chester county, in this state, on the 3d of January, 1784. He is the eldest son of the late General William Harris, who served with distinction in the war of the revolution. His paternal grandfather, a native of Ireland, was a large land-holder in the fertile valley of Chester county; his maternal grandfather, a clergyman of the Church of Scotland. The doctor received his education at the Brandywine Academy of Chester county. In the spring of 1804, he commenced the study of medicine with Dr. Davis of the same county, and, after attending the lectures at the University of Pennsylvania, obtained his degree in 1809. For three years afterwards he practised his profession in Chester county with considerable success. In 1812, during the war with Great Britain, he received from Mr. Madison a commission as surgeon in the navy, and joined the Wasp sloop of war, under the command of the gallant Commodore (then Commander) Jacob Jones. Hardly in the service, Dr. Harris had the good fortune to take part in one of the most brilliant actions of the war. A week after sailing from Newcastle, the Wasp encountered the sloop of war Frolic, of a superior force, and, after an action of little more than half an hour, captured her. An hour subsequently, however, both the prize and her captor fell into the hands of the Poictiers, seventy-four, which carried them into Bermuda. Here they remained a few weeks, until they were exchanged. Upon returning home, Captain Jones and all his officers, including of course Surgeon Harris, were ordered to the Macedonian frigate. The Macedonian was blockaded in New London for a year, and thence transferred to the lakes. After serving a year on the lakes in this ship, and in the frigate Mohawk, Dr. Harris was again ordered to the Macedonian, Captain Jones to form part of Decatur's squadron against Algiers. The Algerine frigate, Mazouda, and a brig of war, were captured by Commodore Decatur. The Mazouda was unprovided with a surgeon, and had suffered greatly during the action. Dr. Harris was placed on board of her, where he had his hands full, with amputations and other operations. After cruising along the Barbary and other ports on the Mediteranean, he returned to the United States with the squadron in the autumn of 1815.

These three years of active service gave Dr. Harris an admirable opportunity of making himself a skilful operator. He had the qualities necessary to turn his advantages to account—judgment, coolness, readiness, and dexterity—and he came out of the war with an established reputation and solid experience.

Upon returning home, Dr. Harris was placed on furlough for a year; then ordered to the Guerrière at Boston, where he remained till 1817; and afterwards stationed at the hospital of the Navy Yard at Philadelphia. At this station he has been ever since fixed, with the exception of a short cruise to the West Indies in 1823. In this year, he was sent with Commodore Rogers at the head of a commission to examine into the condition of the sea-

men suffering from the yellow fever at Key West, and to report as to the eligibility of that port as a station for our squadrons. During his residence in Philadelphia, Dr. Harris has been employed in various capacities in the naval service. He was chosen to select the site for the Naval Asylum in this city and to superintend its erection; and has repeatedly served on the board to examine candidates for the medical corps.

With the advantage of an excellent reputation, Dr. Harris commenced the practice of his profession in this city in 1817. His success has been brilliant. Two years ago, when he was compelled by ill health to relinquish active business, he was in the receipt of a professional income, that has seldom been reached in Philadelphia. Dr. Harris possesses in an eminent degree those minor qualifications for professional success, without which the strongest combination of talent and knowledge is unavailing. To an agreeable address, a pleasant flow of conversation, and a cordiality of manner, the more attractive because felt to be sincere, he unites a ready command of resources, therapeutic and dietetic, and the happy capacity of almost endlessly varying them, and adapting them to the tastes of his patients.

Dr. Harris has been for a number of years a lecturer on surgery. In 1823, he formed one of a private association with Drs. Hewson, Meigs, and Bache, with whom he continued till 1826, when he was appointed to lecture on Surgery in the Medical Institute. His courses in this school have been eminently popular. We have never heard a better practical lecturer. His style is familiar, sometimes conversational, and his matter has the great attraction of appearing to emanate more from his own experience than the gleanings of books. Dr. Harris has long been a champion of the non-specific doctrines of syphilis and of the anti-mercurial treatment of this disease. He devotes a considerable portion of his lectures to this subject, and defends his views ably and ingeniously. Most of our readers will probably take issue with him on this point: at least, our own opinion is, that the mass of evidence, particularly the recent experiments by inoculation, tend to confirm the view of John Hunter "that the venereal disease arises from a poison, which is capable again of producing a similar disease." Dr. Harris has had much reputation in the treatment of syphilitic affections. As he pursues a strictly anti-mercurial course, his success may fairly be adduced to show that the *primary* symptoms of the disease are very manageable without mercury. In 1826, he published an elaborate memoir on this subject in the North American Medical and Surgical Journal which was extensively copied into the European journals.

Dr. Harris was for twelve years one of the surgeons to the Pennsylvania Hospital, having held the post from 1829 to 1841, when he resigned from ill health. During this, long clinical service, he has been distinguished for the success as well as the number of his operations. In 1837, he excised the elbow-joint, for caries—the first time the operation was performed in this country. He amputated the tongue in two instances for hypertrophy. These cases were published in the American Journal for the years 1830 and 1837. A series of excellent clinical lectures by Dr. Harris have appeared in this journal.

Dr. Harris has contributed a number of articles to different medical periodicals. In 1821, he published a paper on Metastasis in the Medical Recorder, which, like the article on syphilis, went the rounds of the European journals. A life of Commodore Bainbridge, published in 1837, is extremely creditable to Dr. Harris' literary powers. This spirited sketch of the hero of the Java may fairly rank with any of our naval biographies.

For a year or two past, the state of his health has forced Dr. Harris in a measure to retire from his professional avocations. We are sincerely glad to know that his strength is so far re-established as to permit him to give his summer course of lectures. No member of the profession can claim more of the regard and respect of his brethren, and his return to active duty will give general and real gratification.

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BIBLIOGRAPHICAL NOTICE.

On the Diagnosis and Treatment of certain affections of the Heart—Pericarditis. By ROBERT J. GRAVES, M. D., &c. &c.

Dr. Graves has published a paper in the Dublin Journal for the last month (May) upon certain affections of the heart. The first part of it relates to pericarditis, of which we have given two cases lately observed in the Philadelphia Hospital. The disease when treated at a tolerably early stage is seldom fatal; the cases which terminate unfavourably are almost always those which from the first are neglected, or which are complicated with chronic diseases of long standing, or severe inflammation of other organs.

In the first case given by Dr. Graves, the disease began with rheumatism two months previously; this was followed by dyspnœa and anasarca.

"On admission, his surface was cold, lips and hands livid, feet swollen, and belly distended. He suffered from dyspnœa; cough, with bloody expectoration; his eyes were staring and protruded; face tumid; jugulars turgid, but not pulsating; pulse 70, regular, but small and weak; respiration 28; urine scanty and highly albuminous; extreme debility. The left lobe of the liver occupied the epigastric region, in which situation alone pressure caused pain. He had slight pain in the right shoulder. There was no dulness except over the lower and back part of both lungs, where the respiration was weak and accompanied by a moist crepitus; the cardiac region sounded duller than natural. The motions of the heart were evident, strong, diffused, and were accompanied, not by the two natural sounds, whose duration and tone are so different from each other, but by two loud, prolonged sounds, of equal duration but of different tones; the first was a *bruit de scie*, the second was a musical sound, closely resembling the noise made by rubbing the moistened finger on glass. These phenomena were only heard at the base, and were quite inaudible at the apex of the heart; but they extended from the base along the aorta, and were very distinct under both clavicles, particularly the left; they were not heard either in the carotids or in the cervical portions of the subclavians. In no situation was there the least frémissement; no thrill in any of the arteries of the neck or upper extremities; no abnormal sound over the abdominal aorta. The next day, his condition was much the same, except that instead of the musical sound we had a well-marked and loud *leather creak*, very much prolonged and masking the nor-

mal second sound, and a strong frémissement was felt over the base of the heart; there was no increase of dulness. The pulse continued regular, 72; the respiration only 20; but he was evidently sinking, and on the following morning he died.

"*Post Mortem.*—General anasarca; both pleural cavities were occupied by a large quantity of fluid, upon which the lungs floated; on the left side the heart was bedded in the lung, and both were carried into close apposition with the anterior parietes of the chest, so as to bring the heart into extensive contact with the sternum and costal cartilages. There was no fluid in the pericardium, but its surfaces were coated with lymph, shreds of which extended from one surface to the other at the base of the heart. In this situation, the lymph appeared to have been very recently effused; it was easily removed, and presented an irregular honeycomb appearance. At the apex of the heart, the opposed membranes were firmly united. The heart itself was hypertrophied and both its ventricles dilated. All the valves, the endocardium, the aorta and pulmonary artery were quite free from the least trace of disease."

Dr. Graves remarks that the general symptoms were obscure, but the physical signs were even more liable to mislead, because they rather indicated disorder of the valves than of the pericardium, until the decided creaking sound rendered the case clear. The case, however, is by no means unique; it is not very uncommon to find that a double, rough, or even a rasping sound is heard when the pericardium is apparently the only part of the heart which is inflamed. Dr. Graves thinks that the sounds heard in pericarditis may always be distinguished by the greater extent in which they are heard, and by their appearing to the ear to proceed from a more superficial part of the heart than those dependant upon endocarditis or other affections of the internal membrane. We believe that in many cases this difference in the extent and in the seat of the sounds is obvious enough, but there are other cases in which the abnormal sounds certainly depend in part upon the morbid muscular contraction, and although they are caused by pericarditis, they are not always formed in the pericardium itself.

The next case is very curious; the rheumatic inflammation attacked the heart before the joints. Dr. Graves remarks that physicians have been hitherto too prone to attribute attacks of pericarditis, occurring in connexion with rheumatism, to metastasis. This opinion was certainly at one time current, but it is now well understood that attacks of pericarditis generally arise during the height of rheumatism, when the pain and inflammation of the joints are most intense.

"A woman, æt. 19, named Fitzgerald, was admitted September 1st, 1841, into the hospital, labouring under febrile symptoms of a trifling character. She complained principally of headach, with loss of sleep. Her pulse was quick and her tongue foul. For these symptoms she was treated, and every thing seemed going on favourably, till September 5th, when the following observation was made:

"Face pallid and anxious; breathing hurried, 40; alæ nasi dilated at

each inspiration; pulse has fallen from 90 to 50, very *weak, irregular and intermittent;* no cough or pain in the chest; no palpitation; physical examination did not detect disease any where, except over the cardiac region, in which there was a distinct rubbing sound, accompanying both sounds of the heart. It was most intense at the apex of the organ, and appeared to accompany the first sound more particularly. It was attended with a very perceptible frémissement; in no situation had it the character of a "*soufflet.*" The impulse of the heart was exceedingly strong, and its sounds very loud. She was cupped over the heart and put on the use of calomel and opium, five grains of the former with one of the latter, every fourth hour.

"September 6th. Countenance much improved; pulse 72, full and soft, but still irregular and intermittent; respiration 28; alæ nasi not dilated; no pain in any part. The *friction* sound is still very evident, though less intense, particularly at apex of heart; no dulness, impulse stronger than on yesterday, sounds of heart very distinct. Blister over the heart, and continue the pills of calomel and opium.

"7th. Mouth sore; pulse 76, small, soft, regular, *without any intermission;* respiration 28, countenance good; the impulse and sounds of heart are both good; the friction is barely audible, being most intense over the right side of heart. Cont. pills.

"8th. No trace of frottement; the sounds and impulse of heart natural; pulse 80, regular and soft.

"10th. Was last night attacked with pains in the loins, knees, shoulders, wrists, and ankles. These joints are now exceedingly painful, red and swollen. Pulse 80, small and soft."

"In some cases of pericarditis the heart's action becomes increased in strength for many hours before any physical sign of pericarditis can be detected, and before the pain is felt in the region of the heart." This is perfectly correct; the first attack of inflammation excites the muscular contraction of the heart; it depresses at a later period when effusion of lymph or serum has taken place. The pulse may fall in pericarditis, or it may remain natural; in itself it is therefore of little or no value as a diagnostic sign.

The third case is the common one of pericarditis occurring during the height of the rheumatic inflammation; which generally is a very manageable variety of the disease, and terminated, as is usual, favourably.

The last case is one of pericarditis accompanied with a peculiar eruption over the body; evidently an accidental complication. The friction sound was more limited, because the heart was not enlarged as in the first case.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE 4, 1842.

Western Lancet. We have received the first number of a new medical journal which has been commenced at Cincinnati, edited by Leonidas Moreau Lawson, M. D. It gives evidence of spirit and ability, and, we hope, may be successful.

New York Society for the relief of the Widows and Orphans of Medical Men. A meeting of the Profession in New York was held on the 14th of May, Dr. MOTT in the chair, at which an organization was adopted for the above purpose. The N. Y. Medical Gazette states that subscriptions to the new society have been received in considerable numbers.

Obituary. SIR CHARLES BELL, the distinguished physiologist and surgeon died on the 29th of April, at Hallon Hall, near Worcester, England.

M. OSSAN, president of the Medico-Chirurgical Society of Berlin, and editor of the "Journal of Practical Medicine," died at Berlin, on the 11th of January, in the 55th year of his age.

M. DEVERGIE, author of a "Treatise on the Venereal Disease," died at Paris on the 13th of March last.

We have also to record the deaths of M. FRICKE, of Hamburg, and of M. J. FONTENELLE, of Paris.

ANALECTA.

A Letter on the Cold Water Treatment of Preissnitz at Graeffenberg.

[We have already once or twice called the attention of our readers to the new folly of the day, Hydrosudopathy. The following very graphic description comes from a patient—we should say a martyr to the process.]

"It requires great patience and perseverance to go through the cold water cure, and it is decidedly the most discouraging of any other. I shall now give you an exact account of what I have to go through every day, as well as all other persons who are able to bear it. The attendant comes into my room at 5 o'clock, A. M. with a wet sheet as cold as ice. I get up, while he puts a large thick blanket on the bed over which he lays the sheet, which I have to stretch myself on, when he wraps it close all about me, and then regularly packs me up, so that I am unable to stir a limb, and then puts a soft down bed over all. I remain in that enviable state for one hour; my first impression was that I should be perished to death, but in about fifteen minutes I was in a most comfortable heat and generally slept until 6 o'clock, when the man enters and unpacks me, taking the sheet away leaving the blanket close about me, when I then go to the bath room, which is situated but a few steps from my bed room, when I plunge in head and heels. I am then well dried, and after being dressed, I set out to walk until 8 o'clock, when I go to breakfast, first taking three or four tumblers of cold water, and about six more before night. Fancy about three hundred persons from all nations sitting down to breakfast on bread, butter, and milk, there being no tea or coffee allowed; we have also abundance of strawberries, so that I assure you we all feel perfectly content, and enjoy it much: at 10 o'clock I must be in my room to undress and take a douche bath, which at first I did not get enamoured with. The water is conveyed in wooden pipes from the mountain, and is as cold as possible. When that is over and I am dressed,

I have but a short time to walk, as I must be in my room again at half past 11 o'clock, where a sitz bath is brought in, where I remain sitting for twenty minutes, after which I have until 1 o'clock to amuse myself in the best way I can, when the dinner bell rings and we all congregate as we did in the morning. The room is a very fine one, being 120 feet long by 50 broad and capable of dining 500 persons, which number and more are here under cure, but a great many stop at Frywalden, a small and neat town one mile, and where Prissnitz goes twice a day to visit his patients. You would suppose I had the remainder of the day to myself, but not so, for at 5 o'clock I must again go into the wet sheet, and take the bath after, as in the morning. We meet at 8 to supper, which consists of the same fare as at breakfast; I am generally in bed by ten, but not before the man comes in with two long wet linen bandages, which he puts round my waist, and at the back of the neck, and between my shoulders, by way of making me *comfortable* for the night. You can fancy from the above how I am to pass my days here, that I have not much idle time on my hands. I did not mention that in addition, I have to swallow from twelve to fifteen tumblers of cold water. Graffenberg is a very high hill in the centre of three valleys, and what makes it very picturesque, it is all finely wooded at the top, and walks made all through, and on the sides, with numerous seats of all dimensions, placed for the company: and an amateur band comes from Frywalden twice a week to play, and on every Sunday there is a full band that plays all the time we are at dinner, and again after supper, when such as are inclined, commence dancing."—*Dublin Jour. Med. Sci.* May, 1842.

Case of Tumour developed in the midst of the Cauda Equina. By W. W. Fisher, M. D., Downing Professor of Physic, Cambridge.—The case I am about to communicate came under my observation in January, 1840. The name of the individual affected was Taylor; he was thirty-eight years of age, was a tailor by trade, and had been intemperate in his habits for some time previous to the commencement of his illness. He had about three years before (i. e. in 1837,) injured, whilst riding, the lower part of the loins by the back part of the saddle, and from that period he began to suffer from pain in the lumbar and sacral regions, which was attributed to rheumatism; the pain gradually became more violent, and extended down the legs, which began to swell. He was obliged to give up work in June, 1839, and became bed-ridden in the September of the same year; he could not, however, lie down, but rested on his hands and knees, in which position I found him when I first saw him. He was then unable to move either his loins or lower extremities; but he had the free use of neck, shoulders, and arms. The pain, which had formerly been chiefly confined to the region of the sacrum, was now more particularly felt across the seat, extending from one ischium to the other. There was great numbness throughout the lower extremities; and although no sensation was in the left leg or toes by touch, nevertheless he complained strongly of a feeling of heat in the parts. There was some degree of feeling, on touch, left in the right leg. The legs were very œdematous; there were large ulcerations on those parts of the knees on which he rested, yet he did not experience pain from them. He was generally sleepless, but did not suffer from headache; his breathing was easy, his pulse undisturbed, and his appetite good. He had difficulty in making water; and his bowels were generally confined, and at times so ob-

stinately constipated as to resist the action of cathartics and purgative injections. An issue had been placed on the region of the sacrum, the discharge from which was thin; this was rendered of a more purulent character by the use of iron, from which he seemed to derive more benefit than from any other medicament, especially as regarded the making of water.

His death took place in May last. He had been able, about a fortnight before it occurred, to place himself on his back, after which the œdema of the legs subsided; there was, however, incontinence of the urine, which was at times mixed with blood. He slept better, and was even able to assist in making a waistcoat about a week before he died.

Post-mortem.—Owing to peculiar circumstances, I was only able to examine the back; imperfect, however, as the investigation was, it furnished me with a morbid product sufficient to account for the peculiarily of the symptoms, and the situation and structure of which must be a matter of interest in pathology. The sacrum seemed more protuberant than usual; this appearance, however, arose from the loins being more depressed. The arches of the dorsal and lumbar vertebræ and the posterior wall of the sacrum were removed; the laminæ of the lumbar vertebræ, as well as their bodies, were partially affected with caries.

Viewed posteriorly, the dura mater appeared to be in its natural state until it reached the extremity of the spinal cord; but from that point to the end of the sacrum it was wanting, so that the mass of tumours was exposed to view. The growth extended more towards the left than the right side of that portion of the spinal canal in which it was situated. The spinal cord was cut across, about the middle of the back, and inferior portion of it was removed; nearly the whole of the diseased mass came along with it. The dura mater was laid open posteriorly. The cord appeared to be quite sound throughout. The diseased mass had a lobulated form, and was involved in the cauda equina; and although it was traversed by a few of the nerves, nevertheless the greater portion of the latter could be detached from it.

It was difficult to determine the seat of the tumour when examined posteriorly; but anteriorly the dura mater was sound throughout; and the arachnoid membrane, especially at the upper portion of the tumour, could be traced intact between the latter and the dura mater. Here and there processes were observed to pass from the arachnoid to the diseased structure, but they were similar to those met with between the arachnoid and the pia mater in their natural state. The tumour, or rather mass of tumours, on which a great number of vessels were spread, was, as I observed before, surrounded on all sides by the roots of the nerves forming the cauda equina. The lower portion of this morbid growth had the form of a tubercle. It presented several traces of vascularity in the centre, and had a scirrhous appearance; I could not however make anything out satisfactory with regard to its minute structure. The upper portions of the tumour were softer, and were involved in a fine glistening covering; sections of several portions of them showed them to be composed of a grey, semi-transparent, jelly-like substance, infiltrated amidst reticulated tissue, and marked with sanguineous striæ, several of which appeared like true vessels.

I had not an opportunity of having any part of this morbid growth analysed. I plunged a portion of it in pure alcohol, and as it retained its semi-transparency, I concluded it was not albuminous.

Notwithstanding the researches I have made, I have not yet been able to

meet with any case on record similar to the one just described. Amongst the many points of interest which the tumors offer—as, for instance, the region they occupy, the peculiarity of their structure, the symptoms they gave rise to—I shall on the present occasion allude more particularly to one, that is to say, the tissue in which they were developed. There can be little doubt that the disease was seated in the pia mater, a vascular web in which morbid products are more frequently formed than in either of the other membranes of the brain. I have observed in a diseased state of the pyloric extremity of the stomach, the walls of which were greatly thickened, a morbid product, which was seated between the serous and muscular layers, and of which the minute structure was similar to that of the section of the tumour in question.

There exists a great analogy between the pia mater of the brain and spinal cord and the subserous tissue of other organs; and, indeed, where the former is united with the arachnoid, the analogy becomes complete. Observation has led me to consider the subserous cellular tissue as being more frequently than any other tissue of the human frame the seat of morbid products. I shall not however enter at length into this subject on the present occasion, but shall defer till another the statement of the facts on which this opinion is grounded.—*Transactions of the Provincial Association*, Vol. X.

Impacted Fracture through the anatomical Neck of the Humerus.—Mr. Smith exhibited, at the January meeting of the Dublin Pathological Society, an example of this rare form of injury of the humerus, the only one of the kind he had ever seen, nor was he aware of such an injury having been already described. The accident occurred about eight years since, at which time the patient (a female, æt. 52) was admitted into the Richmond Hospital, under the care of the late Dr. M'Dowell, who appears to have diagnosed the injury, as it is entered in the hospital case book as "fracture of the humerus;" but it is greatly to be regretted that the appearances were not recorded. The woman was again admitted into the hospital, under the care of Mr. Adams, about five years afterwards, with an impacted fracture of the neck of the femur; one month after the occurrence of which she died of diarrhœa. The shoulder point was then examined; the arm was slightly shortened, and the shoulder not so full and round as the opposite. Upon opening the articulation, the head of the humerus was found to be sunk into the cancellated tissue of the shaft so deeply, as to be nearly on a level with the line of the anatomical neck of the bone; the great tuberosity was inclined outwards, forming a considerable curve with the outer surface of the shaft of the humerus, around the depressed head of which there was an osseous collar of newly-formed bone, largest along the inner part of its circumference.—*Dublin Journ. Med. Sci.* March, 1842.

The Preservation of Cantharides.—M. Martin recommends placing the cantharis, either entire or in powder, in rectified sulphuric æther, in the proportion of five parts of the fly to one of æther, in bottles stoppered with emery; and he assures us that the cantharides, thus prepared, can be kept for three years. The æther does not act on it, except as a preservative.—*Provincial Med. Journal, from Bulletin de Thérapeutique.*

M. Chomel *on Acute and Chronic Amygdalitis.*—A young man, 18 years of age, was admitted into the Hotel-Dieu with acute inflammation of the tonsils. He has been subject to this disease since the age of 11 years, having had thirty attacks since then. The inflammation was always confined to the left tonsil, and generally lasted from eight to ten days. The patient says that the tumour was opened only once, and that he never remembers any pus having been discharged from it. The first attack was the most severe, and with regard to this point M. Chomel directs attention to a principle which applies to all inflammations—viz. that when any organ is frequently the seat of inflammation, the first is always the most violent, and the subsequent inflammations decrease in intensity while they increase in duration. Hence, when any organ has been frequently the seat of inflammation it is extremely difficult to get rid of it, and it leaves a great tendency to to relapse under the slightest cause.

Inflammation of the tonsils may occasionally produce dangerous symptoms. In some cases the swelling of the gland may occasion imminent signs of suffocation. M. Chomel points out a mechanical means which he has often employed with success to relieve this state; he introduces the index finger into the mouth, and presses very firmly on the enlarged gland; a quantity of viscid fluid is thus discharged, and the tumour undergoes a momentary diminution of volume, which gives the patient great relief.

On examining the throat of the patient, now under treatment, the left tonsil and side of the velum palati are seen to be extremely swollen; and the mucous membrane of the latter part is raised up into the form of a tumour. All these parts are deeply injected, and of a purple red colour. On first looking at it, one would think that the mucous membrane of the palate was raised up by a collection of pus, but pressure with the finger shows that this is not the case; pus will, however, soon collect, but M. Chomel is not in the habit of opening the abscess with the knife unless under special circumstances.

The treatment of acute amygdalitis consists in general bleeding, emetics, and purgatives. They never, it is true, cut short the disease, but they moderate the violence of the inflammation. Of the three means, M. Chomel prefers the purgatives, as tending less than venesection to weaken the patient, and prevent him from following his ordinary occupations.

On the day of the patient's admission into hospital he was bled from the arm, a measure indicated by the fulness and hardness of his pulse; he then had an emetic, and was ordered to take some castor oil, and to use emollient gargles and the foot-bath. On the third day he was much better; he could swallow better, and the swelling at the back of the throat was much diminished. On the fifth day the inflammatory appearances all subsided, and on the seventh day the patient left the hospital well. The tonsil, however, remained affected with chronic enlargement.

M. Chomel delivered the following remarks on this case:—

The acute inflammation of the throat and tonsil, which, in the present instance, had supervened on the chronic, has completely disappeared under the influence of rest, and the treatment which has been employed. It is impossible to say whether suppuration had taken place or not; the patient spit up some whitish matter with his gargles, which had all the appearance of pus mixed with some streaks of blood, but void of that fœtid odour characteristic of pus discharged from the mucous membranes of the mouth and fauces. However this may be, the great tumefaction of the tonsil has subsided, and nothing now remains except the chronic swelling which always

persists in cases of this kind. The patient may, therefore, be said to be cured of the acute disease, but the chronic one persists, together with the disposition to relapse under the least exciting cause.

We must then ask, by what means we can hope to prevent the return of the complaint? The use of borax, of alum, and other astringent substances has been proposed; but these means have so often failed, that surgeons have been compelled to have recourse to excision. We have often tried, in the Hotel-Dieu, scarification of the tonsil with considerable success; but this also failed in a great many other cases. Generally speaking, the chances of succes are less when the disease has been of long standing, and the tissue of the gland much hardened, and approaching the consistence of scirrhus. In cases like this, partial or total excision of the gland is the only measure that remains; but the operation should not be had recourse to lightly and inconsiderately, as has often occurred of late. I have seen patients who had been affected from childhood up, with enlargement of the tonsils, which had resisted every mode of treatment; excision was proposed as the only resource, and rejected; yet, after a considerable lapse of time, the disease has disappeared under the use of simple means, and probably, also, under the influence of time and the growth of the patient. When the latter, then, is young, it will be more prudent to abstain from any operation, and wait the effects of time.

Besides the species of inflammation now alluded to, there is another to which the attention of practitioners has been recently directed. This is an inflammatory affection of the posterior parietes of the pharynx, called *granular* angina. It is an inflammation of the same species as that observed in the mucous membrane of the stomach, and particularly in the neck of the uterus; an inflammation erroneously confounded with ulcerative or cancerous disease of that organ, to which it bears no relation. This form of angina is seldom met with in hospitals, because it is not sufficiently severe to compel working men to give up their daily occupations.

Granular angina is characterized by the following symptoms:—pain during swallowing or speaking; a sensation of tickling at the bottom of the throat; a constant desire to swallow or spit up the saliva; and uneasiness about the pharynx. On depressing strongly the base of the tongue, we perceive, at the back of the pharynx, a rough, irregular surface of a violet-red colour; this surface is covered with small spots or granulations, dispersed over various points, and covered with a matter resembling white of egg, or muco-purulent secretion. The granulations become gradually developed, and collect together so as to give the pharynx a mammellated appearance from which the disease has obtained the name of granular or mammellated angina.

The treatment of this affection is tedious, for, although not a severe one, it resists obstinately the remedies hitherto employed against it; in this respect resembling the granular disease of the uterus, a disease which often baffles the efforts of the physician. Besides, the affection of the pharynx is much more difficult to treat than the analogous one of the neck of the uterus. The latter organ is not very sensitive, and easily supports the action of very powerful topical applications, while the pharynx is so sensitive that the least touch causes excessive repugnance, and involuntary resistance on the part of the patient. Various means have been tried: in the first place, it was observed that this condition of the pharynx often coexists with various chronic affections of the skin, a remark equally applicable to the granular uterus;

hence the use of alkaline and sulphureous baths was much insisted on; some benefit has been derived from these means, aided by purgatives and blisters; but the disease generally returns after having been cured for a certain time. The usual treatment of angina was then tried, and the nitrate of silver rubbed over the back of the pharynx; but the circumstances already alluded to render the application of these remedies difficult and inconvenient.

Hence I prefer the use of caustics in a liquid form, very concentrated, and past rapidly over the affected parts with a brush or pencil. This is, unquestionably, the best means that we can employ against a disease, one of the main features of which is the obstinate resistance that it offers to every species of treatment. In the use of caustics, however, we must be circumspect; we must proceed with the same caution that we employ in cases of granular disease of the neck and uterus—that is to say, not employ a painful and energetic mode of treatment at once, but gradually bring the patient to bear it, from one step to another.—*Prov. Med. and Surg. Journ.*, from *Gaz. des Hop.*, No. 28.

Softening of the Heart, with thinning of its Parietes.—Dr. Stokes said that the heart before him was taken from an individual whose case possessed more than ordinary interest, from the great doubt and difference of opinion to which it gave rise. He would detail briefly what he knew of the history of the case. It was an example of that class of affections which every practitioner must have met with at some time or other, in which the diagnosis remains obscure, although most of the symptoms are of an important character. The case he was about to detail would furnish an example. An individual, who appears to be in good health, looks well, has a good appetite, is strong, able to take exercise, and to fulfil the duties of an active profession, applies for medical advice, and the only thing remarkable about him is a singularly irregular and rapid pulse, so quick and so deficient in regularity that it is almost impossible to count it. The action of the heart is also irregular and cannot be analyzed. Of this description of case Dr. Stokes said that every practical man must have seen examples. Looking to the specimen before him it would be hard to define what was its exact pathological condition. The person from whom it was taken had the peculiarity of circulation already mentioned, for several years. Some years since he left this country for a warm climate, and was at that period in perfect health. After residing there for seven or eight years, he was attacked with one of those affections incidental to warm climates, and consulted a military medical officer, who, having remarked the singular state of the circulation, was informed by the patient that he had noticed this condition a long time before; soon after this he was invalided and sent home. He arrived in this country somewhat reduced in strength, but in a short time recovered, with the exception of some cough and difficulty of breathing. He consulted a very eminent medical man, who gave it as his opinion that it was a case of dislocation of the heart consequent on empyema of the left side. He then went to London, where a different opinion was given (the exact nature of which Dr. Stokes did not know,) and after some time returned again to Dublin. When seen by Dr. Stokes he had the appearance of a man in good health. He complained of a cough and difficulty of breathing, particularly on making any active exertion, but stated that he could go about and enjoy society. There was one peculi-

arity in this case worthy of attention: he stated that he was always better when he took a free allowance of wine, and that abstinence or depleting medicines made him worse. He had no anascara, nor was there any thing in his countenance expressive of disease of the heart. The pulse as before described, the action of the heart quick and irregular, but feeble, and the sound on percussion over the præcordial region not remarkably dull. There was no evidence of effusion into the pleura, and his cough was merely a slight dry catarrh. Dr. Stokes recommended him to go down to the country, and remain there for some time. During his stay there he contracted a bad bronchitis, and let it run on for a week without using any remedy. He returned to Dublin, and when seen by Dr. Stokes, he had violent bronchitis, with sonorous and wheezing rales anteriorly; posteriorly in both lungs, towards the lower parts, an intense muco-crepitating rale was heard. The action of the heart now became more feeble and irregular, while the same rapid action continued; and the pulse grew daily weaker and fainter, until it could no longer be felt at the wrist; and his limbs became œdematous, blue, and cold. The impulse of the heart became gradually weaker and weaker, until at last it appeared to cease altogether. He remained in this state for four days, and then died. Every kind of stimulant was employed with the view of arousing the action of the heart, but without effect. In one night he used a bottle of brandy, and a considerable quantity of wine. The misery he endured from an overwhelming sense of exhaustion appeared to be extreme; and as his voice, which was naturally strong, never failed him until a few moments before death, his out-cries were truly heart-rending. The symptoms connected with the heart were, extreme irregularity, and extreme rapidity of action, absence of murmur, and very feeble impulse. On opening the thorax the heart appeared to be greatly enlarged; but this arose from the distension of the right ventricle and auricle, which were very much enlarged and filled with blood. There was no trace of inflammation anywhere. The right ventricle was thin, and appeared to contain more adipose substance than usual, but was not in the fatty condition described by Mr. Smith at a former meeting. The left ventricle was enlarged but not thickened. The whole substance of the heart was softened; so much so, that it broke down readily under the finger; and in taking the organ out of the thorax, a rent occurred, passing from the posterior part of the right ventricle across the septum cordis. All the valves were healthy. Dr. Stokes observed that this case would throw some light on the general nature of the disease. There was one point to which he would allude briefly: Laennec states that clearness of sound in affections of the heart indicates dilated cavities; without denying this, Dr. Stokes would remark that clearness of sound indicated not merely dilatation of cavities or mechanical thinning, but also strong action of the muscular fibres of the organ; dilatation and thinning might occur without increased clearness of sound.—*Dublin Journal of Medical Science.*

Results of Revaccination in the Prussian Army, in the Year 1840. By Dr. LOHMEYER.—In the last year there were vaccinated in all the regiments together, 43,522 individuals. On these the cicatrices from previous vaccinations were

distinct in	34573
indistinct in . . .	6177
not discernible in .	2772

The pustules produced by the present vaccinations were

regular in their course in	20952
and irregular in	8820
and no effect at all was produced in .	13750

The vaccinations that had thus taken no effect were repeated,

with success in . .	2831
without success in .	8958

The numbers of genuine pustules produced were as follows:

1 to 5	in	10021
6 to 10	in	5875
11 to 20	in	4171
21 to 30	in	885

Of those who had been successfully vaccinated in 1840, and previously, there were attacked during the past year,

with varicella . .	7
with varioloid . .	2
with true variola .	1

In the past year more frequently than in any other, the vaccination was performed with lymph taken from genuine and regular vaccine pustules on adult persons; for past experience has consequently led military practitioners to be more strongly convinced that for the vaccination of adults, lymph taken from adults is to be preferred to that taken from children, and that it produces a more powerful reaction, and more strongly-developed pustules. And that the pustules thus produced do actually protect from the contagion of small-pox is proved by this, that in the 4th corps, in which the plan has been long followed of vaccinating adults with lymph taken from good pustules in other adults, there has not occurred, during three years, a single case of any variety of small-pox among those in whom the vaccine pustule ran its ordinary course, nor more than one case among those who were unsuccessfully revaccinated, although small-pox was more or less rife in the neighbourhood in which the corps was quartered.

The results of past years have shown a regularly increasing ratio in the proportion of successful vaccinations to the number altogether vaccinated; and this increase has continued in the year 1840, for of 43,522 revaccinated, 20,952 have exhibited genuine and regular pustules. Of all the revaccinations, therefore, 48 per cent. were successful; while in 1839, the proportion was only 46, in 1838 and 1837 only 45; in 1836, 43; in 1835, 39; in 1834, 37; and in 1833, only 31 per cent. The proportions varied in 1840 between 40 per cent., and 60 per cent., in different regiments.

With respect to the advantage of revaccination as a preventive of small-pox, the experience of 1840 proves it in a striking manner; for during that year there occurred only 74 cases in the whole army, and of these 46 were cases of varicella, 21 of varioloid disease, and only 7 of genuine small-pox. Of the last two proved fatal; and neither of the patients had been revaccinated after his enlistment. In general, just as in former years, most of the cases of spurious and genuine small-pox occurred in recruits soon after their enlistment, and before they had been revaccinated. Of those who had been revaccinated it has been already stated that only ten were affected, and of these, 7 had varicella, 2 varioloid disease, and only one a genuine variola.—*British and Foreign Med. Rev., from Medicinische Zeitung.* April 21, 1841.